



FEE: \$100.00

**TOWN OF AMHRST
APPLICATION FOR A LUNCH CART
LICENSE**

To the Licensing Authorities:

Date: _____

The undersigned hereby applies for a Lunch Cart License in accordance with the provisions of the Statutes relating thereto:

Full name of applicant, owner/manager (if different from applicant), name of business, address of business

Size of lunch cart: _____

State clearly what type of food will be sold and where the cart will be situated in Town: _____

THE FOLLOWING LICENSES ARE REQUIRED WITH THIS APPLICATION:

1. State Hawker & Peddlers License
2. Town of Amherst Health Permit
3. License Attestation

X _____ / _____
(Applicant's signature) (Phone #)

Date Approved/Denied: _____ License # _____

Remarks: _____

✧ Please return this application to the **Select Board's Office**, 4 Boltwood Avenue, Amherst, MA 01002.